

THE JOINT PATHOLOGY CENTER (JPC) REQUEST FOR RELEASE OF PATIENT MATERIAL

ATTN: The Joint Pathology Center (JPC)
Special Handling Office
606 Stephen Sitter Ave. Silver Spring, MD 20910
Phone: 1-855-393-3904 Fax: 301-295-5661
JPCHelp@amedd.army.mil

INSTRUCTIONS:

1) **Healthcare facility that originally submitted patient material to JPC:** Complete Part A of this form and fax, along with your health care facilities Fax Cover Sheet to: JPC. ATTN: Special Handling Office. Fax number 301-295-5661.

2) **Patients or Legal representatives requesting release of patient material:** Complete Part A of this form and complete a DD Form 2870, Authorization for Disclosure of Medical or Dental Information or another HIPAA approved patient consent form. Fax forms to: JPC. ATTN: Special Handling Office. Fax number 301-295-5661. Please Note: Attorneys may submit a Court Subpoena in lieu of the DD Form 2870 or HIPAA approved patient consent form.

PART A - TO BE COMPLETED BY REQUESTOR

CASE IDENTIFICATION *(Required)*

PATIENT'S LAST NAME FIRST MI

SURGICAL/AUTOPSY NUMBER:

JPC/AFIP ACCESSION NUMBER:

PART B - TO BE COMPLETED BY JPC

DATE RECEIVED: _____

SPECIAL HANDLING OFFICE:

PATHOLOGY SPECIALTY:

CASE MATERIAL REQUESTED *(Required)*

H&E TISSUE
SLIDES X-RAYS
IMMUNO SLIDES PHOTOGRAPHS
SPECIAL STAIN SLIDES OTHER:
BLOCKS

MATERIAL REQUESTED FOR *(Select One)*

Loan or Permanent Release

JPC PATHOLOGIST COMMENT SECTION

RECOMMEND THE FOLLOWING MATERIAL:

H & E BLOCKS
FROZEN TISSUE
IMMUNOS X-RAYS
SPECIAL STAINS PHOTOGRAPHS
SLIDES DIGITIZE SLIDES

SLIDE SETS HAVE BEEN MADE AND ARE ATTACHED

REQUESTOR IDENTIFICATION *(Required)*

REQUESTOR'S NAME

NAME OF FACILITY

ADDRESS

CITY

STATE

ZIP

COUNTRY

TELEPHONE

FAX

EMAIL

EXPRESS MAIL
ACCOUNT NUMBER

REMARKS:

SIGNATURE: _____

DATE: _____

Return to Accessioning/Special Handling.

PART C - TO BE COMPLETED BY ACC/SPEC.

RECEIVED FROM SUBSPECIALTY

DATE: _____

SENT TO REQUESTOR

DATE: _____

INITIALS OF TECH: _____